



# King County

## SUPERIOR COURT INTERPRETER SERVICES INVOICE

NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE	
STREET ADDRESS		TELEPHONE NUMBER		CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	ZIP CODE		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CASE TYPE (Only One Per Invoice) CRIMINAL <input type="checkbox"/> CIVIL <input type="checkbox"/>	SERVICE LOCATION (Only One Per Invoice) SEATTLE <input type="checkbox"/> KENT <input type="checkbox"/>	<b>JUVENILE HEARINGS ONLY:</b> IN COURT <input type="checkbox"/> OUT OF COURT <input type="checkbox"/> OFFENDER <input type="checkbox"/> TRUANCY <input type="checkbox"/> DEPENDENCY <input type="checkbox"/> ARY <input type="checkbox"/> CHINS <input type="checkbox"/>			
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DATE	CASE NUMBER	CASE NAME	NAME OF JUDGE / ATTORNEY / COURT PERSONNEL (No Initials), LOCATION / ROOM NUMBER /	HEARING TYPE (Invoice will not be accepted without hearing type)	APPROVAL SIGNATURE	START TIME	FINISH TIME	DO NOT WRITE IN SHADED AREAS
COMMENTS:								TOTAL HOURS:
								TOTAL PAYMENT:

### INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: \_\_\_\_\_

_____ Your Invoice Tracking Code
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DATE: \_\_\_\_\_

INVOICES NOT SUBMITTED WITHIN 30 DAYS WILL BE SUBJECT TO A 10% REDUCTION.  
INVOICES MORE THAN 6 MONTHS LATE WILL NOT BE PAID.

#### PLEASE MAIL TO:

KING COUNTY SUPERIOR COURT  
ATTN: Gary Cutler  
516 THIRD AVENUE - ROOM C-203  
SEATTLE, WA 98104

PLEASE MAKE A COPY  
FOR YOUR OWN RECORDS  
BEFORE YOU MAIL THIS FORM.

4/28/2008CT

FOR BUDGET DEPARTMENT USE ONLY